

INVENTOR INFORMATION

Inventor One Given Name:: Andrew W
Family Name:: Voelkel
Postal Address Line One:: 332 Vernon Ave.
City:: Venice
State or Province:: California
Postal or Zip Code:: 90291
Citizenship Country:: US

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 000023845
Fax One:: (661) 362-1507
Electronic Mail One:: bryantg@advancedbionics.com
Fax Two:: (760) 788-9629

APPLICATION INFORMATION

Title Line One:: Envelope-Based Amplitude Mapping for Coc
Title Line Two:: hlear Implant Stimulus
Total Drawing Sheets:: 4
Formal Drawings?: Yes
Application Type:: Utility
Docket Number:: AB-117U1
Secrecy Order in Parent Appl.?: No

REPRESENTATIVE INFORMATION

Registration Number One:: 29715
Registration Number Two:: 47424
Registration Number Three:: 50645

CONTINUITY INFORMATION

This application is a:: DIVISION OF
> Application One:: 09/866,096
Filing Date:: 05-25-2001

Which is a:: NON PROV. OF PROVISIONAL
>> Application Two:: 60/208,627
Filing Date:: 06-01-2000

Source:: PrintEFS Version 1.0.1